

Four Counties Health Services
Broader Public Sector Accountability
Reporting Period: October 1, 2024 to March 31, 2025

Name: **Julie McBrien**
Title: President & CEO

Invoice Date	Amount	Expense Category	Description
2024-09-01	250.00	TRAVEL MHA NON ED MILEAGE	WORK RELATED TRAVEL MILEAGE
2024-09-30	230.00	TRAVEL MHA NON ED MILEAGE	WORK RELATED TRAVEL MILEAGE
2024-11-27	250.40	TRAVEL MHA NON ED MILEAGE	WORK RELATED TRAVEL MILEAGE
2025-02-03	83.06	TRAVEL MHA NON ED MILEAGE	WORK RELATED TRAVEL MILEAGE/MEMBERSHIPS
2025-03-14	237.27	TRAVEL MHA NON ED MILEAGE	WORK RELATED TRAVEL MILEAGE
Total	\$ 1,050.73		

Name: **Krista Shea**
Title: VP Clinical Services & Chief Nursing Officer

Invoice Date	Amount	Expense Category	Description
2024-10-04	135.00	TRAVEL MHA NON ED MILEAGE	WORK RELATED TRAVEL MILEAGE
Total	\$ 135.00		

Name: **Devin Sturdy**
Title: VP Corporate Services & CFO

Invoice Date	Amount	Expense Category	Description
2024-10-02	400.32	TRAVEL MHA NON ED MILEAGE	TRAVEL MILEAGE - CONFERENCE
2024-10-02	22.40	TRAVEL MHA NON ED PARKING	PARKING - CONFERENCE
2024-10-02	12.95	TRAVEL MHA NON ED MEALS	MEALS - CONFERENCE
2025-01-06	257.87	TRAVEL MHA NON ED MILEAGE	WORK RELATED TRAVEL MILEAGE
2025-03-14	218.00	TRAVEL MHA NON ED MILEAGE	WORK RELATED TRAVEL MILEAGE
Total	\$ 911.54		